



IMMUNIZATION DATA EXEMPTION

State Form 52307 (9-05)

Indiana State Department of Health, Immunization Program

Internal Use Only

Date Removed

INSTRUCTIONS: 1. Complete and return this form

Immunization Data Exemption

Complete this form to prevent the entering or sharing of your child's immunization record into the Children and Hoosiers Immunization Registry Program (CHIRP). Please print.

I _____ / _____ wish to prevent entering my child's
Parent/Guardian First Name Parent/Guardian Last Name

_____/_____/_____
Child's First Name Middle Name Last Name

_____/_____/_____
Date Birth (Month/Day/Year)

M F
Gender
(Circle One)

_____/_____/_____
Parent/Guardian Address City State Zip Code

immunization record into CHIRP.

I understand that my child's immunization records will not be entered or shared in CHIRP. I understand that I will be required to maintain a hard copy record for the purposes of reporting and verification.

Signature of Parent or Guardian

Date (month/day/year)

Please FAX this form to:

CHIRP Support Center
(317) 233-8827

Or mail it to:

Indiana State Department of Health
Immunization Program 6A-22
2 North Meridian St.
Indianapolis, IN 46204



Indiana State
Department of Health